

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10659571</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	7		7				TOTAL NO.						
TOTAL DEP.	29		45				TOTAL DEP.						
TOTAL CLAIMS	36		52				TOTAL CLAIMS						